
MILITARY SERVICE RECORD

HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? _____
IF YES, LIST WHAT BRANCH AND WHERE YOU WERE STATIONED _____

ARE YOU CURRENTLY IN THE NATIONAL GUARD OR RESERVE? _____
IF YES, LIST WHICH AND WHERE _____

DATES OF DUTY: FROM _____ TO _____
TYPE OF DISCHARGE _____
RANK OF DISCHARGE _____ PRESENT RANK _____

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EDUCATION

NAME	LOCATION	CIRCLE YRS COMPLETED
HIGH SCHOOL		9 10 11 12
COMMUNITY OR JUNIOR COLLEGE		1 2
BUSINESS OR TRADE SCHOOL		1 2
COLLEGE OR UNIVERSITY		1 2 3 4
GRADUATE SCHOOL		1 2 3 4

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COMPUTER SOFTWARE SKILLS

NAME OF SOFTWARE	PROFICIENCY LEVEL
WORD PROCESSING	Skilled ____ Competent ____ Familiar ____
SPREADSHEET	Skilled ____ Competent ____ Familiar ____
DATABASE	Skilled ____ Competent ____ Familiar ____
OTHER	Skilled ____ Competent ____ Familiar ____

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LICENSES/CERTIFICATIONS/ORGANIZATIONS OR JOB RELATED TRAINING
ATTACH CERTIFICATE IF AVAILABLE

	TYPE/COURSE	STATE	YEAR COMPLETED
PROFESSIONAL LICENSES,	_____	_____	_____
CERTIFICATIONS, & JOB	_____	_____	_____
RELATED TRAINING	_____	_____	_____

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EMPLOYMENT HISTORY

THIS PORTION MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT.

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
WEEKLY STARTING SALARY _____ WEEKLY LAST SALARY _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
WEEKLY STARTING SALARY _____ WEEKLY LAST SALARY _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

NAME OF COMPANY _____
ADDRESS _____ TELEPHONE _____
NAME OF SUPERVISOR _____
WEEKLY STARTING SALARY _____ WEEKLY LAST SALARY _____
DESCRIBE THE WORK YOU DID _____
WORKING DATES: FROM _____ TO _____
REASON FOR LEAVING _____

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PAST RESIDENCES

List all addresses where you have lived during the past 10 years, beginning with present address. List date by month and year. Attach extra page if necessary.

FROM

TO

ADDRESS

.....

**REFERENCES
(NO RELATIVES)**

NAME _____ RELATIONSHIP _____

ADDRESS _____ DAYTIME PHONE # _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ DAYTIME PHONE # _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ DAYTIME PHONE # _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT:

MY PRESENT EMPLOYER(S) YES ____ NO ____

MY PAST EMPLOYERS: YES ____ NO ____

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted to verify and obtain information concerning your background, qualifications, school and work records. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records and motor vehicle records will also be conducted.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the immigration and Naturalization Services.

I understand Lamar County is a drug free workplace. Prior to employment I must submit to a pre-employment drug test and if I am hired, I understand that I may be subject to drug testing in the future, including random testing, pursuant to policies of Lamar County.

I hereby agree, on request to undergo physical examination by a physician designated by Lamar County at the County's expense. I understand that any physical or medical exam will be post offer of employment. I also agree to undergo future physical examinations that the county may require for continued employment.

I certify that the information I have provided on this application is accurate and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the county at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DATE

SIGNATURE OF APPLICANT

LAMAR COUNTY RECEIVES SEVERAL APPLICATIONS A DAY THEREFORE IT IS NOT POSSIBLE TO CALL EVERY APPLICANT. IF YOUR APPLICATION IS CONSIDERED FOR AN OPEN POSITION YOU WILL BE CONTACTED BY HUMAN RESOURCES.